Families Connecting with Families in the Heartland of America

National Conference for Parents of
Children who are Blind or Visually Impaired
Omaha, Nebraska
July 13-15, 2007

Child Background Information Form

To Be Completed for Each Child (0-18 years of age)

Dear Parents:

The conference planning committee needs you to complete this form for each child you are registering to attend the *2007 Families Connecting with Families Conference*, including the child with a visual impairment. We need this information to plan childcare and our educational programs.

You will find additional copies of this form and complete information about the conference at www.afb.org/familyconference.

To provide the best possible experience for your child, make sure everything is labeled with the child's name (bottles, toys, diaper bags, etc.)

Administering medications will be the responsibility of the parent.

Print or type the information and return the form(s) to—

Susan LaVenture
Executive Director
NAPVI
P.O. Box 317
Watertown, MA 02471
FAX: 617-972-7444

Best regards,
Conference Planning Committee

Name of Child _____ Age_____ Male___ Female___

Person filling out the form and relationship to the child:

_____

(Check all that apply) ___ Child is blind or visually impaired
____ Child is deaf-blind
____ Child is blind or visually impaired with additional disabilities
____ Child is a sibling of a child who is blind or visually impaired and/or has additional disabilities
____ Other: Please explain _____

Name of Parents/Guardians _____

Home Phone: _____ (area code first)

Cell phone # (or best way to contact you during the conference)
(area code first) _____

Health/Medical

If the child has allergies to food, medicine, insects, or other areas please list:

_____

Current medical conditions _____

History of seizures? _____ Diabetes? _____ Asthma? _____

Does the child have a medically prescribed diet or have dietary restrictions? If yes, please explain

_____

Does the child have other activity limitations? Yes _____ No _____

If Yes, please explain _____

Is there other health information to share with us? _____

Student's Visual Diagnosis: _____

Child wears glasses_____ contact lenses_____ hearing aids_____ prosthesis _____

Other _____ Not applicable _____

Communication:

Does the child need a sign language interpreter: yes_____ no _____

The child uses large print_____ regular print _____ or braille _____ or not applicable _____

Language child speaks: _____

Language spoken in the home: _____

Travel (check all that apply):

_____ Walks independently

_____ Walks unaided, but with difficulty

_____ Uses cane

____ Requires physical support

____ Climbs stairs independently

_____ Cannot climb stairs, even w/assistance

_____ Uses wheelchair
____ aided
_____ unaided

_____ Uses orthopedic device (e.g., braces, walker, crutches)

Self-care skills:

Eating: _____Needs no assistance

_____ Needs assistance , such as : _____

Toileting (Select One):

_____ Needs no assistance/toilets independently

_____ Schedule trained

_____ Needs some assistance, such as:_____

Behavior:

Please describe in detail any behavior issues, even if they do not happen all the time at home (i.e., What might these behaviors look like? What might cause them? What seems to help in those situations?)_____

_____

_____

This health history is correct so far as I know, and the child listed above has permission to engage in all childcare activities except as noted.

1. Any situation requiring medical attention will be called to my attention immediately.
2. In the event I cannot be reached during an emergency with my child, I give personnel of the National Family Conference permission to seek emergency medical treatment.
3. I will be responsible for giving any medications my child needs.
4. I will be responsible for any special diet my child needs.

Signature of Parent/Guardian _____ Date_____

Print Name of Parent/Guardian _____

Mail the form to:

Susan LaVenture
Executive Director
NAPVI
P.O. Box 317
Watertown, MA 02471

Or FAX to NAPVI at 617-972-7444

For more information: Call NAPVI at 800-562-6265